



To the Maryland General Assembly:
Senate Finance Committee and House Health & Government Operations Committee
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Members of the Maryland General Assembly:

Thank you for the privilege of addressing you today. I am a masters-level psychologist licensed in the state of Michigan, specializing (through education and advocacy efforts) in optimizing the 9-1-1 response to caller mental crises and on preventing PTSD and suicide among our nation's 9-1-1 Professionals (also referred to as emergency telecommunicators or dispatchers). Since 2011, I have served as co-chair of the National Emergency Number Association Workgroup on Acute, traumatic and Chronic Stress Management, which established the 2013 national industry *Standard on Acute, Traumatic and Chronic Stress Management* (NENA STA-002), and which has authored this standard's revised version, the pending national industry *Standard to Protect the Well-being of 9-1-1 Professionals*.

The 9-1-1 Professional is the human infrastructure at the heart of our nation's emergency response system upon which the public, your families and mine, depend upon for error- free response 24/7/365 in our worst moments of life. I know this personally.

When my granddaughter Zoi seized and faced death many times, it was the 9-1-1 Professional who first responded and utilized medical protocols to successfully administer child CPR saving her life. Had my grand daughter been required to wait until field responders arrived to administer CPR she would likely have died in her first year of life rather than at age 7 when her disease eventually won.

Point 1: We must recognize the 9-1-1 Professional for their high, unique, and irreplaceable value as the Very First Responder to our emergencies.

Point 2: Maryland's 9-1-1 Professionals' performance, well-being, and their very lives are disproportionately at-risk of mental illness and suicide in comparison to the public they serve. This risk directly imperils our emergency response system. It is exacerbated by the rapidly growing crisis in understaffing among our nation's Public Safety Answer Points (PSAP). Rates of PSAP understaffing increased precipitously in the past three years¹ further intensifying psychological demands and cumulative stress impacts on our 9-1-1 Professionals. And 9-1-1 Professionals face these challenges in the context of escalating service demands and performance scrutiny, and a national call from all sectors to transform our current law enforcement response to minority cultures and those suffering with mental illness.

¹ National Emergency Number Association (NENA) estimates pre-COVID PSAP understaffing rates at up to 19%, while current rates reaching 30%.

*9-1-1 Professionals experience rates of PTSD at a rate four to five times greater than the general population-- multiple times higher than the general public and on par or greater than other emergency responders.*² This rate, estimated at 24.6% (utilizing civilian cut-off scores on screening instruments used in the study), may be inaccurately low. A more recent study (Lilly, Opoka, Marshall, unpublished) suggests the PTSD rate among the 9-1-1 workforce may exceed 30%.³

Point 3: There is a clearly established finding that *unresolved PTSD increases risk of suicide*.⁴ Fox et al (2021) used data from a cohort sample of over three million people to show that "...54% of suicides in people with PTSD are attributed to the impairment and distress caused by PTSD."⁵

Point 4: Fox et al state that among "those with PTSD, our data suggest that (assuming causality) *over half of suicides could be prevented if we could successfully prevent, treat and manage PTSD.*" This is a remarkably hopeful finding if we, as stakeholders in the wellbeing of 9-1-1 Professionals, will leverage the resources needed to deliver such prevention and treatment.

Point 5: *Most 9-1-1Pros are not equipped with adequate training and resources to prevent and resolve PTSD.* This fact, combined with Point 3, indicates that these professionals are, as a group (not accounting for individual factors moderating risk) clearly at an unnecessarily elevated risk of suicide. Further, the sheer volume of potentially traumatic calls managed by 9-1-1 Professionals (estimated at six to ten times the volume handled by field responders) suggests they are at continuous risk of *repeated occurrences of post-traumatic stress*.

Conclusion and Recommendations to the Senate

9-1-1 Professionals are at elevated risk of, and currently pervasively experience Post Traumatic Stress Disorder, which increases risk of suicide. It is our public and elected responsibility to assure proactive care and support to these professionals due to the impact of their 9-1-1 stressors contributing to these struggles. PTSD, and therefore suicide, are highly preventable with Evidence-Based Treatments (EBT).

Accordingly, I urge you to exert the full weight of your legislative capacity to advance all pending legislation including SB0374 and SB0673 and related measures advocated for by Senator Cheryl Kagan and her colleagues to advance systematic mental health care (among other benefits) for 9-1-1 Professionals. Support must include funding for:

- Aggressive, ongoing institutionalized PTSD prevention education campaigns to 9-1-1 professionals
- Provision of EBTs for PTSD and prevention suicide without expense to the employee.
- Training in resilience and in peer support to empower 9-1-1 Professionals as prevention
- Development and operations of a statewide 9-1-1 Peer Support Network

Thank you for your time and thoughtful consideration of this testimony, and in advance for your help in saving the lives and careers of Maryland's Very First Responders!

² Lilly, M.M., & Allen, C.E.* (2015). Psychological inflexibility and psychopathology in 9-1-1 telecommunicators. *Journal of Traumatic Stress*, Advanced online publication. doi: 10.1002/jts.22004; Marshall, J., & Laorenza, T. (2018). *The resilient 9-1-1 professional: A comprehensive guide to surviving and thriving together in the 9-1-1 center*. Petoskey, MI: South of Heaven Press. P.42.

³ Lilly, M., P. Opoka, J. Marshall. Unpublished paper.

⁴ National Center for PTSD, *PTSD and Death by Suicide*. PTSD Research Quarterly. Volume 28/No.4. ISSN: 1050-1835. 2017.

⁵ Verity Fox, Christina Dalman, Henrik Dal, Anna-Clara Hollander, James B. Kirkbride, Alexandra Pitman, Suicide risk in people with post-traumatic stress disorder: A cohort study of 3.1 million people in Sweden, *Journal of Affective Disorders*, Volume 279, 2021, Pages 609-616, ISSN 0165-0327, <https://doi.org/10.1016/j.jad.2020.10.009>. (<https://www.sciencedirect.com/science/article/pii/S0165032720328536>)